ASHA
American
Speech-Language-Hearing
Association

Submitted via Regulations.gov

July 31, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244-8016

Re: RIN 0938-AV98; CMS-2454-IFC; Medicaid Program; Community Engagement Requirement for Certain Individuals

Dear Administrator Oz:

On behalf of the American Speech-Language-Hearing Association (ASHA), we write to express concern over the interim final rule (IFR) implementing community engagement requirements for certain individuals enrolled in the Medicaid program. The policies in the interim final rule do not increase the employment levels of those who are subject to the rule. Instead, they will lead to millions of Americans—many of whom audiologists and speech-language pathologists (SLPs) treat—losing critical access to health insurance and covered services.

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; SLPs; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

Audiologists and SLPs provide many services to Medicaid beneficiaries across school and health care settings. Medicaid and the Children's Health Insurance Program (CHIP) cover more than 74 million people in the United States, nearly 40 million of whom are children. There are already significant barriers to meeting the health care needs of this population, including low provider reimbursement rates that foster low-density provider networks, burdensome prior authorization and administrative requirements, and lengthy documentation standards.

These are just some of the challenges facing clinicians and school-based providers when delivering care to Medicaid beneficiaries. Some of these challenges are brought on by expensive and administratively burdensome policies like community engagement requirements. ASHA has heard firsthand from Medicaid agencies about the extreme costs to implement the complicated web of these policies. Experience in states that have already imposed similar requirements shows that they cause a huge number of people to lose coverage.

The One Big Beautiful Bill Act's (OBBBA) community engagement requirements are a prime example of the disconnect between policy and the realities of ASHA members' experiences as Medicaid providers. ASHA members have seen that most Medicaid-enrolled low-income

adults already work or have documented reasons they cannot, including caregiving responsibilities, disability, or school enrollment. Evidence from states that have previously implemented work requirements demonstrates that such policies do not achieve their stated goal of increasing employment. Instead, they create bureaucratic barriers that cause eligible individuals to lose coverage and forgo needed care.[1,2]

For example, when Arkansas implemented work requirements in 2018, the policy failed to boost employment while significantly limiting health care coverage and access. Those who lost coverage experienced harmful health consequences and economic hardship.

OBBBA includes explicit exemptions for individuals who qualify as "medically frail," including individuals with disabilities like those seen by audiologists and SLPs. During OBBBA's development, ASHA members met with congressional staff to share their experiences with Medicaid-enrolled individuals who could meet that definition with a variety of conditions that limit their ability to work. The purpose of including this exemption was to allow protection for some of the most vulnerable Americans and to give states the flexibility to make their own definitions to best serve their own Medicaid populations.

The Centers for Medicare & Medicaid Services' (CMS) IFR has added restrictions and requirements outside of OBBBA's statutory exemption definition, limiting it to individuals whose disability or condition significantly impairs their ability to comply with work reporting requirements. This is a much broader and more subjective standard that will be extremely challenging for all 50 states and the District of Columbia to implement. Existing examples of programs that follow these policies demonstrate it is extremely difficult to design an effective exemption process for people who are unable to meet the number of "qualifying activities."

We appreciate the Department's willingness to permit self-attestation of medical frailty through December 31, 2027. During that narrow window of 2027, however, this rule will force state Medicaid programs to create an expansive new bureaucratic program with limited financial support. They will not be able to rely on automation but instead will need to invest in new information technology systems; add new staff to determine eligibility; modify application and renewal forms; and develop educational materials.

While OBBBA provided a total of $200 million for all 50 states and the District of Columbia to support the system upgrades they will need to comply with the law, it's not enough to accomplish the requirements stated in the IFR. In the IFR itself, CMS estimates that each state will need to spend approximately $15 million on system changes, nearly four times the amount provided to states.[3] The only entities that will benefit from this IFR are the eligibility and enrollment vendors that will make billions of dollars to create and implement these systems, which are designed to take health care away from millions of Americans.

In addition, as Medicaid-enrolled providers, ASHA members will rely on Medicaid agencies to explain how they can assess and document whether someone's condition "significantly impairs" their ability to work. This is something that a sizable majority of ASHA members have no experience doing. As a professional provider trade association, we regularly advise our membership on the importance of thorough and effective documentation of services provided. At this time, however, it's unclear what documentation would meet the requirements laid out in the IFR for determining medical frailty.

For example, claims data will not be enough to paint a picture of medical frailty for someone newly diagnosed with Parkinson's disease, a condition for which our members regularly provide services. For patients already enrolled in Medicaid, CMS officials have said: "…where I have claims because I've gone to the doctor, maybe I have case notes from case management. There's data that we have [to prove medical frailty]."[4] But how many visits would be sufficient—five, 10, or more? How much detail must the notes contain to sufficiently prove it? The IFR does not define a standard for which claims, services, or supporting documentation would be sufficient, leaving states scrambling to implement a mandatory but unclear standard.

It is undeniable that the program savings created by community engagement requirements comes from people losing health care coverage rather than improving employment outcomes. Up to 10 million people are estimated to lose coverage from the current version of the IFR.[5]

We urge you to withdraw this IFR, or at the very least delay implementation. State Medicaid programs are not prepared in any way to implement these onerous, subjective requirements. Thank you for considering ASHA's comments on the interim final rule implementing community engagement requirements. If you or your staff have any questions, please contact:

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Submitted on behalf of the American Speech-Language-Hearing Association

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[1] Sommers, B. D., Chen, L., Blendon, R. J., Orav, E. John, & Epstein, A. M. (2020). Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, And Affordability of Care. *Health Affairs*. https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538

[2] Musumeci, M., Leiser, E., & Douglas, M. (2024). Few Georgians Are Enrolled in the State's Medicaid Work Requirement Program. *The Commonwealth Fund*. https://www.commonwealthfund.org/blog/2024/few-georgians-are-enrolled-states-medicaid-work-requirement-program

[3] Centers for Medicare & Medicaid Services. (2026). Medicaid Program; Community Engagement Requirement for Certain Individuals. *Federal Register*. https://www.govinfo.gov/content/pkg/FR-2026-06-03/pdf/2026-11094.pdf

[4] CAMI. (2026, July 22). *Inside the Big Beautiful Bill: How States Will Modernize Medicaid with Dr. Caprice Knapp*. https://www.thecenterforami.org/podcasthttps://www.thecenterforami.org/podcast

[5] Buettgens, M., Karpman, M., Haley, J.M., Carter, J., & Kenney, G.M. (2026). *Millions Could Lose Medicaid Coverage Due to New Rules*. RWJF. https://www.rwjf.org/en/insights/our-research/2026/03/millions-could-lose-health-coverage-due-to-new-rules.html